

CHAPTER 12

SECTION 2

BENEFICIARY EDUCATION

In addition to its responsibility to provide information to beneficiaries concerning TRICARE Standard Program, the contractor shall have responsibility for developing a beneficiary education program to inform beneficiaries about the TRICARE Prime and TRICARE Extra programs. This program shall include the distribution of education materials to all enrollee households, the provision of educational materials at every TRICARE Service Center and at every Health Benefits Advisor's office, the monthly submission of articles for publication in MTF/base newspapers, participation in all "newcomer orientations" at all bases, and the conducting of general information sessions at each MTF at least every six months.

1.0. APPROVAL OF BENEFICIARY EDUCATION MATERIALS

All beneficiary education materials, including written materials, briefings, and other methods of publicizing the program, as well as the identification of the media to be used, shall be submitted through the appropriate Lead Agent to the Contracting Officer for approval. The contractor shall forward the material to the appropriate Lead Agents not later than 90 calendar days prior to initiation of health care delivery and 120 calendar days prior to the start of each subsequent health care delivery period. No beneficiary education materials may be released under any circumstances without prior TRICARE Contracting Officer approval. The beneficiary education materials will be approved for a one-year period.

2.0. BENEFICIARY EDUCATION MATERIALS

2.1. Required Education Materials

The contractor shall provide educational materials to beneficiaries concerning the TRICARE Prime and TRICARE Extra programs. After enrollment, enrollees shall be provided:

2.1.1. A subscriber handbook which describes in full detail the terms and nature of the TRICARE Prime Program including eligibility and enrollment, enrollment fees, termination of coverage, covered services and benefits, limitations and exclusions, cost-sharing requirements, out-of-Region or out-of-network services, coordination of benefits, disenrollment procedures to include the result of non-payment of enrollment fees, grievance procedures, Point of Service features, and any other terms and conditions pertinent to the enrolled beneficiary. It shall also provide key telephone numbers (Health Care Finder, etc.).

2.1.2. A periodic newsletter issued not fewer than three times a year which provides updates related to benefits and coverage, access to providers, etc.

2.1.3. Literature regarding health/wellness promotion programs offered by contractor.

2.1.4. The contractor shall provide educational materials to beneficiaries about the portability of their enrollment to a new region. Upon implementing this enrollment portability manual change, the contractor shall publish an information sheet to include in routine mailings (periodic newsletters, quarterly news bulletins, Explanations of Benefits, etc.) to all TRICARE beneficiaries, Health Benefits Advisors, congressional offices, providers, etc. The information sheet shall explain enrollment portability, what type of out-of-area medical care can be covered under Prime (urgent and emergency), out-of-area authorization requirements and how to get them, and how to get out-of-area care. The educational material shall recommend that an enrollee retain TRICARE Prime coverage while in transit in order to protect the enrollee in emergency care situations. An emphasis should be placed on explaining Point of Service provisions for unauthorized care. The material shall emphasize the importance of contacting the contractor in the new location to transfer enrollment or to disenroll as soon as possible after arrival. The contractor shall include a list (to be maintained and periodically republished) of all TRICARE contractors' 800 numbers for effecting enrollment transfers. The materials shall notify enrollees that families with "split enrollment" (see [Chapter 6, Section 2, paragraph 1.0.](#)) must track their own enrollment fees and enrollment year catastrophic cap accumulations when one or more family members are enrolled with different contractors (including Lead Agents and USFHP designated providers) or in different contract areas ("split enrollment"). The approval requirements in [paragraph 1.0.](#) above apply to these beneficiary education materials. Contractors must include this information with the reprinting of any marketing material, and this information must be available at TRICARE Service Centers for departing personnel.

2.2. Dissemination Of Information

In addition, the contractor shall agree to furnish all beneficiaries, sponsors, providers, and congressional offices with enrollment information and forms, network provider information, Health Care Finder information, claim forms, claim completion instructions, the TRICARE Handbook, the Provider Handbook, DEERS information and other informational materials upon request. The contractor shall establish and maintain effective communications with all beneficiaries. (See [Chapter 12, Section 4.](#)) The contractor shall forward informational bulletins or stuffers that are enclosed with EOBs to TRICARE Management Activity (TMA) and all Lead Agents upon mailing them to beneficiaries.

2.2.1. Quarterly News Bulletin

The contractor shall issue, at least quarterly, a bulletin to providers, congressional offices, and Health Benefit Advisors (HBAs) serving the Regions covering such issues as program changes, processing procedures, announcement of future meetings, etc. After publication, the contractor shall submit copies of all bulletins to the Contracting officer, the appropriate Lead Agent and all MTF Commanders. The Contracting Officer reserves the right to require prerelease review and approval for all bulletins. (See [Chapter 5, Section 2, paragraph 1.3.](#) for approval of network provider newsletters prior to release.)

2.2.2. Special Bulletins

The contractor shall issue Government-directed special bulletins within 30 calendar days of notice by the Contracting Officer. Cost of Government-directed special bulletins which are required to be sent outside the routine mailings specified in this section will be reimbursed on a change order basis.

3.0. TMA-REQUIRED MEETINGS

3.1. A 14 calendar day notice will be provided by the Contracting Officer for all meetings hosted by TMA. The contractor shall provide annual representation at two contractor conferences (senior management level) at TMA, two regional contractor and two regional provider conferences, and one Provider Representative meeting at TMA. The contractor shall provide up to four Provider Representatives at up to four additional meetings at the direction of the Contracting Officer per contract year. The cost of attendance at this meeting is included in the contractor's cost for Administrative Support Services.

3.2. The contractor shall provide assistance to TMA in resolving and pursuing Freedom of Information Act (FOIA) requests involving the contractor's proposal submitted during solicitation of a Managed Care Support contract or FOIA issues relative to the contract. The contractor shall provide representatives at the time and places as directed by the Contracting Officer to complete actions under FOIA. (The contractor's representative(s) should schedule 80 hours to review both the technical and business proposals. Any proposed costs to support FOIA actions relative to the contractor's proposal shall be included in to a total contract price.

4.0. BENEFICIARY SURVEYS

In accordance with DoD Instruction 1100.13, and Health Affairs Policy Memorandum 9700012, surveys of military members, retirees and their families must be approved and licensed through issuance of a Report Control Symbol (RCS). Contractors shall not conduct written or telephonic beneficiary surveys without the approval of the TRICARE Management Activity (TMA) Program Analysis and Evaluation Directorate. TMA has an ongoing survey research and analysis program which includes a periodic survey of DoD beneficiaries. The survey addresses health status, use of care, satisfaction with military and civilian care, and attitudes toward TRICARE. The data are collected at the catchment area level and can be aggregated to the regional level. Regional reports containing catchment area data are available through the Lead Agent. Contractors shall work with Lead Agents to define both their ongoing and special purpose requirements for survey data. Contractors with special needs not met by an existing instrument may submit surveys, sampling plans, and cost estimates to the TMA Program Analysis and Evaluation Directorate through the Lead Agent for approval and licensing.

